

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

12/20/2004 GFREY1 00000044 500417 10517821

01 FC:1631	300.00 DA
02 FC:1632	500.00 DA
03 FC:1633	200.00 DA

05/27/2005 THOLLAND 00000005 500417 10517821

01 FC:1642 400.00 DA

Adjustment date: 05/27/2005 THOLLAND  
12/20/2004 GFREY1 00000044 500417 10517821  
02 FC:1632 500.00 CR

PTO-1556  
(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: \_\_\_\_\_ 2 Serial/Patent # \_\_\_\_\_

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

<input checked="" type="checkbox"/> Filing			\$ 150
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT  
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

10 REASON:

☒ Overpayment *fee Code Change*  
☐ Duplicate Payment  
☐ No Fee Due (Explanation):

Treasury Check

Credit Deposit A/C #:

9 50--0417

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*